

Division of Child and Family Services Priority Focus Areas

In January 2007, representatives from all regions and the state office teams of the Division of Child and Family Services (DCFS) evaluated needs and identified and ranked priorities for continuing improvement. Three of the identified priorities were selected as priority focus areas. These were (1) worker retention, recruitment, and satisfaction; (2) placement stability for children in foster care; and (3) improving worker knowledge, strategies, and resources in interacting with families with substance abuse issues.

Focus Area #1: Worker Retention, Recruitment, and Satisfaction

Current Status

Between 2004 and 2007, Child and Family Services experienced a four-year average turnover rate of 17.5% for all staff and caseworker turnover rate averaging 18.3%. An analysis of turnover rates for 2007 shows that staff turnover totaled 20.3%¹. 14.4% of all employees (14.6% of caseworkers and 12.8% of supervisors) left state employment. The remaining 5.9% were either promoted, assigned a new position, or were employed by other departments or divisions in state government. As Chart 1 shows, 55% of those terminating employees did so after three or fewer years of service and 63% left the agency with four or fewer years of service. In contrast, only 10% terminated employment after more than 10 years of service.

A January 2007 Department of Human Services satisfaction survey indicated that the DCFS worker turnover or absence had a negative impact on employees remaining with the division, increasing their workload and decreasing their satisfaction. This survey also found that a number of employees did not feel they had a voice in the agency nor were their ideas to improve service operations listened to or considered for implementation².

Literature Review

Non-Utah Studies

The United States Government Accounting Office estimated the annual turnover rate of public child welfare workers to be as high as 30-40%.³ More exact measurements place the turnover

¹ Turnover rates for FY 2007, as reported in tables 1 and 2, were taken at different points in time and therefore are not consistent.

² Amanda Singer, Brad McGarry, Navina Forsythe (2007). Department of Human Services 2006 Employee Survey, "Your Opinion Counts."

³ General Accounting Office (2003). Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. GAO-03-357 Washington, DC, located online 8/27/07 at <http://www.gao.gov/new.items/d03357.pdf>

rate in child welfare services at approximately 20% per year, though with considerable geographical differences.⁴

Even more troubling, as Cyphers reported, is that in the 43 states that responded to his survey, median vacancy rates were between 5-7% for CPS workers, direct service workers, supervisors, and other agency staff on the “snapshot” date of September 1, 2000.⁵

Studies that attempt to identify why child welfare workers leave the field are fairly consistent in their findings. Gunderson and Osborn’s 2001 study of North Carolina workers indicated workers left or contemplated leaving because they desired, suggested, or needed:

- Increase in salary (115)
- Change in DSS/county management practices such as employee-centered management, more empowerment, educational opportunities, less criticism, better supervision, increased interest in and support of employees, equal treatment of all employees (46)
- Reduction in caseloads (43)
- Hire more staff/workers (35)
- Increased recognition of workers by agency, recognize immense amount of time spent on job and work done well (22)
- Change in N.C. Division of Social Services requirements, unreasonable standards, too much paperwork and too many reports, reviews, concern over policy and not people (15)
- More advancement opportunities (13)
- More flexibility allowed in how to do job (11)
- More flexible work hours (10)⁶

Dickinson and Perry found that turnover is associated with assignment of high numbers of “other” tasks and that those who have left or plan to leave public child welfare are more likely to be involved in court related tasks.⁷ Weaver, Chang, and Gil de Gibaja concluded, “Agency factors, many under the control of administrators, have a greater effect on turnover than individual demographic factors and that education, training, and professional background are less related to turnover than social work educators might hope.”⁸

A number of articles have concentrated on either traits that identify employees that remain in the child welfare field for long periods of time or suggest measures to help decrease staff turnover.

⁴ Gary Cyphers (May 2001). Report from the Child Welfare Workforce Survey: State and County Data and Findings American Public Human Services Association (APHSA), Online 8/27/07 at <http://www.aphsa.org/policy/Doc/cwwsurvey.pdf>

⁵ IBID

⁶ Donn Gunderson, Susan Osborne (Winter 2001). Addressing the Crisis in Child Welfare Social Worker Turnover North Carolina Journal for Families and Children, located online 8/27/07 at <http://ssw.unc.edu/ncdirect/NC%20Journal/NC%20Journal%20Win2k1.pdf>

⁷ Nancy S. Dickinson, Robin Perry Factors (2001). Influencing the Retention of Specially Educated Public Child Welfare Workers, submitted for publication to The Journal of Health and Social Policy, January 2001, located online 8/27/07 at <http://www.uky.edu/SocialWork/cswe/documents/finalretention.pdf>

⁸ Dale Weaver, Janet Chang, Mona Gil de Gibaja, (undated). The Retention of Public Child Welfare Workers, A Curriculum of The California Social Work Education Center, University of California at Berkeley, found online 8/27/07 at http://www.csulb.edu/projects/ccwrl/Weaver_PowerPoint.pdf

Although Dickinson found that salary was not a significant predictor of turnover and indicated that federal, state, and local governments are usually so far behind their private and nonprofit competitors that pay never comes into play,⁹ the top work disincentive for child welfare workers surveyed in most studies relates to salary and/or compensation. Clearly, low salaries (even though they are often not controlled by child welfare administrators or supervisors) are a significant factor in employee turnover. These studies intimate that increasing salaries will in turn decrease employee turnover.

On the other hand, few studies give fruitful suggestions on how to encourage legislatures and local governments to increase salaries for child welfare workers. Similarly, in light of federal regulations and data collection requirements, there were few suggestions on how to reduce paperwork, reports, and reviews, or on how to reduce caseworker caseloads.

One study indicated that the level of professional commitment of child welfare employees to child welfare was clearly the strongest predictor of their decisions to remain employed in Child Welfare.¹⁰ Correspondingly, another suggested that human resource departments need “a more reliable selection process, (including the addition of job previews) that screens out potential hires and accurately and clearly provides a pool of applicants that display the most viable competencies, thus increasing the odds of retaining staff.”¹¹

Other innovative ideas outlined in other studies suggest that:

- States consider forming university partnerships to train current workers or prepare social work students for positions in the child welfare field.¹²
- States consider increasing the prestige of agencies through dissemination of positive information through direct mail and public relations efforts that tell the story of direct support professionals in the communities where they work and live.¹³
- States develop a minimum degree requirement of a BSW or an MSW for public child welfare staff and limit or reassign “other” tasks, specifically court related activities.¹⁴

⁹ Nancy S. Dickinson, Robin Perry. Factors Influencing the Retention of Specially Educated Public Child Welfare Workers, submitted for publication to The Journal of Health and Social Policy, January 2001. Located online 8/27/07 at <http://www.uky.edu/SocialWork/cswe/documents/finalretention.pdf>

¹⁰ Alberta J. Ellett, Chad D. Ellett, John K. Rugutt (March 2003). Study of Personal and Organizational Factors Contributing to Employee Retention and Turnover in Child Welfare in Georgia, prepared for the Georgia Department of Human Resources Division of Family and Children Services, located online at <http://www.uky.edu/SocialWork/cswe/documents/ExecSummary.pdf>

¹¹ Connie Flower, Jess McDonald, Michael Sumski (January, 2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, located online 8/27/07 at <http://www.uky.edu/SocialWork/cswe/documents/turnoverstudy.pdf>

¹² General Accounting Office (2003). Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. GAO-03-357 Washington, DC, located online 8/27/07 at <http://www.gao.gov/new.items/d03357.pdf>

¹³ Jeff Keilson (2004 update). Recruiting Human Service Employees in Good Times and Otherwise, located online 8/27/04 at <http://www.cms.hhs.gov/promisingpractices/downloads/keilson.pdf>

¹⁴ Nancy S. Dickinson, Robin Perry. Factors Influencing the Retention of Specially Educated Public Child Welfare Workers, submitted for publication to The Journal of Health and Social Policy, January 2001. Located online 8/27/07 at <http://www.uky.edu/SocialWork/cswe/documents/finalretention.pdf>

- States consider implementing a system where groups provide coaching and supervision to workers (“group supervision”).¹⁵
- States consider appointing a “Retention Specialist” at the state or local level to support and monitor employee retention.

There are numerous management tools that outline ways to change organizational structures to maximize employee involvement and thus increase retention. While tools such as Six Sigma, Total Quality Management (TQM) and Matrix Management are often industry-specific, most have principles that can be incorporated into a child welfare employee retention strategy. They suggest that organizations:

- Involve employees in decisions that affect their jobs and the overall direction of the company whenever possible.
- Provide the opportunity for career and personal growth through training, education, and challenging assignments. Provide opportunities for people to share their knowledge via training sessions, presentations, mentoring others and team assignments.
- Provide opportunities within the company for career progression. Map out career paths (complete with expected timeframes) and identify benchmarks that identify progression toward promotion. Offer performance feedback and praise good efforts and results. Recognize excellent performance, and especially, link pay to performance.
- Enable employees to balance work and life. Allow flexible starting times, core business hours and flexible ending times.
- Recognize and celebrate success and achievement of important goals.
- Staff adequately so overtime is minimized for those who don't want it and people don't wear themselves out.
- Communicate goals, roles and responsibilities so people know what is expected and feel like part of the in-crowd.
- Encourage employees to have good...even best, friends, at work.¹⁶

Effect on Clients Served -

In their review of turnover of staff employed by their child welfare agency in Milwaukee County, Wisconsin, Flower, McDonald and Sumski found that for those “children who entered care in calendar year 2003 through September of 2004 and exited to permanency within the same time period, *increases in the number of worker changes were correlated to lessening the chance of permanency achievement*. Children entering care during the time period who had only one worker achieved permanency in 74.5% of the cases. As the number of case managers increased, the percentage of children achieving permanency substantially dropped, ranging from 17.5% having two case managers to a low of 0.1% having six and seven case managers. What must accompany this is a more reliable selection process that screens out potential hires accurately and

¹⁵Office on Child Abuse and Neglect, Caliber Associates (2004). Supervising Child Protective Services Caseworkers, located online 8/29/07 at <http://www.childwelfare.gov/pubs/usermanuals/supercps/supercpsh.cfm>

¹⁶ Susan M. Heathfield (undated). Keep Your Best: Retention Tips. About.com, Human Resources, located 8/27/07 at http://humanresources.about.com/cs/retention/a/turnover_2.htm

clearly provides a pool of applicants that display the most viable competencies, thus increasing the odds of retaining staff.”¹⁷

Utah Studies -

“Your Opinion Counts,” a recent (2006) employee satisfaction survey conducted by the Utah Department of Human Services, found that 84% of DCFS employees “agreed they were satisfied with their jobs,” a number unchanged from 2004. They felt that the mission or purpose of the agency “makes them feel their work is important (95%), that the work they do is a good match for their skills and interests (93%), that they know where to get answers when they have questions, problems, or concerns (88%), and that their coworkers are committed to doing quality work (91%).”¹⁸

On the negative side, only 29% felt that their ideas to improve service operations are listened to and considered for implementation and only 26% felt they have a voice in the decisions made within their work group. In fact, non-managers were “much more likely than management to say their ideas to improve service operations were not as often listened to and considered for implementation.” Workers commented on the negative effect that turnover has on workload, burnout, and consequently employee satisfaction.

A dissertation study conducted by a social work doctoral candidate¹⁹ reviewed DCFS administrative and caseworker perceptions of job satisfaction. Results indicate that younger caseworkers and caseworkers with less experience show more negative feelings toward work, more feelings of helplessness, and more desire to avoid job tasks. On the other hand, older caseworkers and caseworkers with more experience feel they have less intellectual stimulation, less professional development and creativity, and less emotional connection with colleagues.

Popa found that caseworkers with more than 21 cases experienced more negative feelings of work and reported that the job environment does not support quality performance. Conversely, caseworkers with 10 or fewer cases reported more positive feelings.

Finally, Popa indicated that the least satisfying work conditions for Utah’s DCFS caseworkers were lack of appreciation, public awareness (public’s negative perception of agency), negative professional image, and centralized leadership that they perceive may not “recognize contributions and celebrate accomplishments while maintaining hope and determination.”

¹⁷ Connie Flower, Jess McDonald, Michael Sumski (January 2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff, located online 8/27/07 at <http://www.uky.edu/SocialWork/cswe/documents/turnoverstudy.pdf>

¹⁸ Amanda Singer, Brad McGarry, Navina Forsythe (2007). Department of Human Services 2006 Employee Survey, “Your Opinion Counts.”

¹⁹ A. B. Popa (2005). DCFS Study Report, Administrative and Caseworker Perceptions of DCFS Leadership Practices and Their Perceived Relationship with Casework Job Satisfaction, University of Utah College of Social Work, unpublished doctoral dissertation.

TABLE 1-DCFS - Termination by Fiscal Year
(Only Staff Leaving State Employment)

		FY 2004			FY 2005			FY 2006			FY 2007		
		Term-	Number on	Turnover	Term-	Number on	Turnover	Term-	Number on	Turnover	Term-	Number on	Turnover
Region	Type Staff	inations	07/01/03	Percent	inations	07/01/04	Percent	inations	7/1/2005	Percent	inations	7/1/2006	Percent
Northern	Caseworkers	24	115	20.9%	18	122	14.8%	21	132	15.9%	13	135	9.6%
	Other	11	110	10.0%	23	122	18.9%	24	124	19.4%	36	104	34.6%
	Total	35	225	15.6%	41	244	16.8%	45	256	17.6%	49	239	20.5%
Salt Lake Valley	Caseworkers	48	222	21.6%	52	235	22.1%	64	266	24.1%	46	265	17.4%
	Other	13	153	8.5%	21	149	14.1%	14	135	10.4%	29	143	20.3%
	Total	61	375	16.3%	73	384	19.0%	78	401	19.5%	75	408	18.4%
Western	Caseworkers	9	81	11.1%	21	91	23.1%	23	92	25.0%	12	87	13.8%
	Other	6	53	11.3%	4	52	7.7%	6	53	11.3%	11	54	20.4%
	Total	15	134	11.2%	25	143	17.5%	29	145	20.0%	23	141	16.3%
Southwest	Caseworkers	5	52	9.6%	7	58	12.1%	9	58	15.5%	9	57	15.8%
	Other	4	44	9.1%	6	43	14.0%	12	46	26.1%	9	44	20.5%
	Total	9	96	9.4%	13	101	12.9%	21	104	20.2%	18	101	17.8%
Eastern	Caseworkers	9	54	16.7%	13	70	18.6%	14	73	19.2%	10	71	14.1%
	Other	9	75	12.0%	12	75	16.0%	11	73	15.1%	25	76	32.9%
	Total	18	129	14.0%	25	145	17.2%	25	146	17.1%	35	147	23.8%
Division	Caseworkers	95	524	18.1%	111	576	19.3%	131	621	21.1%	90	615	14.6%
	Other	43	435	9.9%	66	441	15.0%	67	431	15.5%	110	421	26.1%
	Total	138	959	14.4%	177	1017	17.4%	198	1052	18.8%	200	1036	19.3%

TABLE 2-DCFS Turnover FY 2007

Caseworkers

Region	# Caseworkers 6/30/2006	# Left State Employment	%	# Left Division	%	Combined Percent	Number Promoted	%	# Moved to Other Pos	%	Total % Left CW
Northern	135	13	9.6%	4	3.0%	12.6%	7	5.2%	2	1.5%	19.3%
SL Valley	265	46	17.4%	17	6.4%	23.8%	10	3.8%	3	1.1%	28.7%
Western	87	12	13.8%	8	9.2%	23.0%	2	2.3%	1	1.1%	26.4%
Southwest	57	9	15.8%	1	1.8%	17.5%	4	7.0%	1	1.8%	26.3%
Eastern	71	10	14.1%	0	0.0%	14.1%	2	2.8%	0	0.0%	16.9%
Total	615	90	14.6%	30	4.9%	19.5%	25	4.1%	7	1.1%	24.7%

Supervisors

Region	Number Sup. 6/30/2006	# Left State Employment	%	# Left Division	%	Combined Percent	Number Promoted	%	# Moved to Other Pos	%	Total % Left CW
Northern	18	0	0.0%	2	11.1%	11.1%	3	16.7%	2	11.1%	38.9%
SL Valley	40	6	15.0%	0	0.0%	15.0%	1	2.5%	2	5.0%	22.5%
Western	15	2	13.3%	1	6.7%	20.0%	0	0.0%	0	0.0%	20.0%
Southwest	8	1	12.5%	0	0.0%	12.5%	2	25.0%	1	12.5%	50.0%
Eastern	13	3	23.1%	0	0.0%	23.1%	0	0.0%	0	0.0%	23.1%
Total	94	12	12.8%	3	3.2%	16.0%	6	6.4%	5	5.3%	27.7%

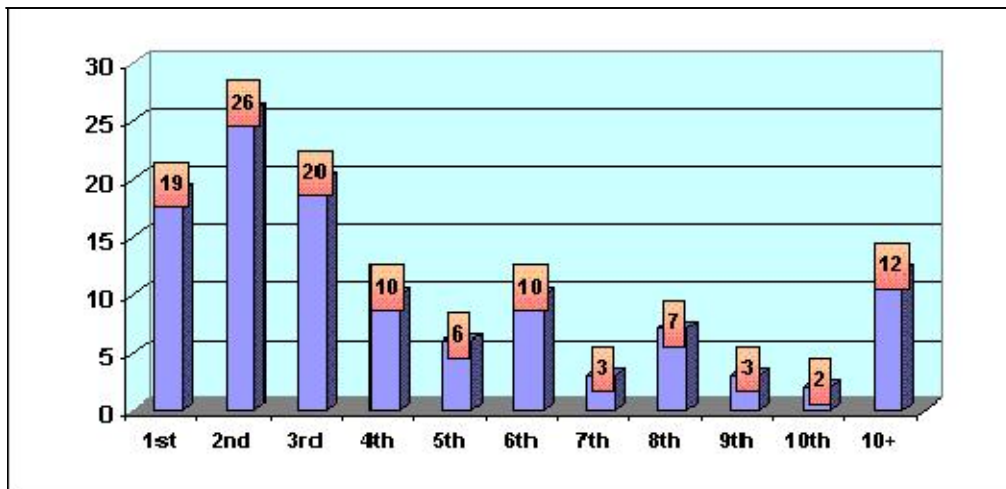
Other than Caseworkers and Supervisors.

Region	Number	No Left	% Turnover
Northern	86	27	31.4%
SL Valley	103	17	16.5%
Western	39	5	12.8%
Southwest	36	6	16.7%
Eastern	63	18	28.6%
State Office	61	15	24.6%
Total	388	88	22.7%

Total Turnover through leaving Division

Total Staff	# left	% turnover
239	46	19.2%
408	86	21.1%
141	28	19.9%
101	17	16.8%
147	31	21.1%
61	15	24.6%
1097	223	20.3%

**Chart 1-Year Terminating Service
Number Caseworkers Leaving by Years of Service - FY 2007**



Desired Outcomes

Employee turnover is a reality in child welfare. While child welfare employee retention rates in Utah may be as good or better than in some other states, employee retention, recruitment, and satisfaction are still important areas of focus because of the impact worker turnover and dissatisfaction have on our work. This turnover impacts children, families, and the employees remaining with the agency.

Desired outcomes of this priority include: (1) Maintaining or increasing the percentage of employees who remain employed by Child and Family Services, including “alarm bells” for analysis and action if the trend decreases; (2) Improving recruitment practices to hire workers who are a good fit for child welfare work; (3) Decreasing the negative impact of worker turnover or absence on clients and caseworkers; and (4) Improving or implementing practices that enhance worker retention and satisfaction.

Goal #1	Baseline	Process Measure	Date Due
Strengthen retention and recruitment practices to maintain or increase the percentage of workers remaining employed with Child and Family Services.	85.4%/yr. caseworkers 87.2%/yr. supervisors	85.4% or more of caseworkers remain per year 87.2%/yr or more of supervisors remain per year	August annually
Work Activities			
1. Analyze information from ongoing exit surveys of departing staff to evaluate worker reasons for leaving.		Summary of exit surveys	Feb 2008

2. Create a pay plan for DCFS workers to present to the Department and legislature that reflects the need for career ladder increases and promotions.		Written plan	July 2008
3. Track employee turnover rates and analyze trends.		Written report	August annually
4. Explore enhanced supports for workers, such as support during early years of employment, positive reinforcement strategies for workers based on longevity, and support for traumatic stress related to child welfare work.		Initial design to address support issues	Sep 2008
		Written progress reports	Quarterly
5. Improve recruitment practices by gathering and evaluating existing recruitment and pre-screening methods, comparing with national research and practices in other states, developing recruitment models, pilot testing models, and making final recommendations.		Initial Evaluation	Mar 2009
		Comparison	June 2009
		Pilot models	Dec 2009
		Final Report	Mar 2010
Goal #2	Baseline	Process Measure	Date Due
Explore and develop strategies to minimize negative impact on clients and workers resulting from worker turnover or temporary absence.	No baseline information available. (Repeated comment in Dept survey.)	New feedback measures from workers	Dec 2009
Work Activities			
1. Identify current practices pertaining to worker coverage at times of turnover or absence, and obtain input regarding specific types of negative impact and ideas for how to minimize through methods such as survey or focus groups.		Written report	Jan 2009
2. Evaluate ideas and practices and research literature to identify strategies to minimize negative impact. Develop pilot proposals.		Pilot proposals considered by administrative team	June 2009
3. As practicable, pilot strategies on local teams, analyze results, and develop final recommendations.		Written report	Dec 2009

Goal #3	Baseline	Process Measure	Date Due
Maintain or increase employee satisfaction.	84%	84% or higher reported in DHS employee survey	Next DHS survey, approx. Jan 2009
Work Activities			
1. Formalize communication methods both vertically and horizontally in DCFS and develop and implement methods to increase workers' ability to share in organizational policy and decision-making. Test effectiveness of methods in completing work activities for Goal 2 Activity 1 and Goal 3 Activity 3, evaluate and establish final recommendations.		Written methods Effectiveness tested	May 2008 Jan 2009 (2.1) and Mar 2009 (3.3)
2. Clarify policies and identify resources available for employee recognition activities and incentives. Provide information to regions on recognition and incentive policies and resources.		-Administrative Guidelines -Child Welfare Update -Summary distributed	June 2008
3. Assess ways workload can be reduced or streamlined, such as exploring the possibility of establishing parameters for case types in which we will no longer intervene (e.g. delinquent, out of home perpetrators when there is no risk, mental health issues, etc.) and ability to eliminate day to day worker tasks. Do this by gathering and evaluating initial worker level feedback, analyzing system requirements such as laws, guidelines, MIS requirements, and recommending changes. Also, develop a process for ongoing organizational operations review to streamline workload.		Initial worker feedback and analysis System analysis and proposals Ongoing review process defined and initiated	Mar 2009 Sep 2009 Dec 2009

Process:

Responsibility: The Worker Recruitment, Satisfaction, and Retention Priority is the responsibility of a core workgroup co-chaired by Navina Forsythe from the Data and Research Team and Cosette Mills from the Revenue Team. This workgroup consists of the two co-chairs and representatives from administrative, professional development, and program teams at the

State Office. A representative from human resources and regional administration and workers may also be invited to participate in the core workgroup on an ongoing or ad hoc basis.

The core workgroup has been assigned primary responsibility to direct the work of the project. The workgroup is responsible for completion of objectives, coordination of work activities such as subcommittees, focus group or survey work, assessing impact of any changes, and reporting to administration.

The Associate Regional Directors will periodically review and assist with developing and implementing the work plans, reporting progress, and developing recommendations. The DCFS administrative team, responsible for approving all plans and activities involving the division, has overall responsibility for completion of the priority. They will receive periodic reports from the co-chairs during monthly administrative team meetings and will make decisions regarding recommendations.

Evaluation

The core workgroup will identify specific measures to evaluate accomplishment of each of the objectives. This workgroup will coordinate with DCFS Data and Research, Finance, and the SAFE Teams to identify ways to capture and report data and will report on results as they compare to measures of success.

Budget Requirements

This project has no specific budgetary allocation, but as the workgroup completes its work, will identify existing resources to support implementation of applicable objectives or will identify specific funding requests to be pursued through Federal grants or State general funds.

Focus Area #2:

PLACEMENT STABILITY FOR CHILDREN IN FOSTER CARE

Statement of Need

The negative effect of multiple changes in placements of youth in foster care is well documented. Harnett et. al. note “multiple placement moves disrupt the continuity of children’s relationships with care givers and community, their education, and their medical care.”²⁰ Likewise, Testa found that frequently moved children (are) more likely to have their current placement disrupt and (are) less likely to be adopted or taken into private guardianship. With each move, the likelihood of children achieving permanency declines 25 percent. A child who closes out his or her first year in foster care having lived in four separate homes (10% of newly placed youth) is

²⁰ Harnett, M., Falconnier, L., Leathers, S., & Testa, M. (1999). Placement Stability Study: Final Report, University of Chicago, School of Social Service Administration, located on-line 8/30/07 at <http://cfrewww.social.uiuc.edu/pubs/Pdf.files/placestab.pdf>

only 60 percent as likely to be adopted or taken into guardianship as a child with only one placement. After eight separate homes, the chances fall to less than a third.²¹

The federal government, as part of the Child and Family Services Review, has established national standards related to placement stability. They are:

- 86.7% or more of all children who have been in foster care for less than 12 months have had 2 or fewer placements.
- 65.3% of all children who have been in foster care for between 12 and 24 months have had 2 or fewer placements.
- 39.2% of all children who have been in foster care for 24 or more months have had 2 or fewer placements.

While significant strides have been made in Utah to promote placement stability, the rate of placement changes in Fiscal Year 2006 is still not meeting federal standards with two or fewer placements occurring for 79.6% of children in foster care 12 months, 46.2% of children in care between 12 and 24 months, and 15.2% of children in care more than 24 months.

Literature Review

Harnett et. al. found “forty-five percent (45%) of foster parents and thirty-nine percent (39%) of caseworkers reported that the inability to meet the child’s special behavioral needs within the foster placement was the first or second most important reason for the placement’s ending.”²²

Furthermore, Rubin et. al reported “foster care placement instability was associated with increased mental health costs during the first year in foster care, particularly among children with increasing general health care costs. These findings highlight the importance of interventions that address the global health of children in foster care and may permit better targeting of health care resources to subgroups of children most likely to use services.”²³

In collecting data about placement disruption, considerable variation emerged in how states counted detention, medical hospital stays, and psychiatric hospital stays especially in the first few years of data collection. In 1999, between 59% and 76% of states counted these placement types, and the comments revealed significant differences in circumstances and timeframes in which they were counted.²⁴

The National Resource Center for Foster Care and Permanency Planning (NRCFCPP) found:

²¹ Mark Testa (December 2003). Instability in Foster Care, Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, located on-line 8/30/07 at <http://cfrcwww.social.uiuc.edu/briefpdfs/instability.no.tables.pdf>

²² Ibid.

²³ David M. Rubin, Evaline A. Alessand, Chris Feudtner, David S. Mandell, Trevor Hadley (May 2004). Placement Stability and Mental Health Costs for Children in Foster Care, Pediatrics Vol. 113 No. 5 May 2004, pp. 1336-1341, located on-line 8/27/07 at http://web.mit.edu/tdqm/www/news/NWG_PlcmtChanges.pdf

²⁴ Child Welfare League of America National Working Group, National Data Analysis System (April 2002). Placement Stability Measure and Diverse Out-of-Home Care Populations, located on-line 8/27/07 at http://web.mit.edu/tdqm/www/news/NWG_PlcmtChanges.pdf

- Youth aged 13 to 15 were the least stable.
- Children with severe emotional or behavioral problems are more likely to experience placement disruption.

According to Schofield,²⁵ foster parents say a placement is more likely to disrupt when:

- The foster parents dislike or reject the child.
- Foster parents are concerned about the impact of the foster child on the rest of the family.
- Stressful events occur in the life of the foster family prior to and/or during the placement.
- Child welfare-related problems occur, such as allegations of maltreatment in the foster home or previous disruptions.

McMahon has indicated there are a number of reasons why placement disruptions occur. They are:

- Insufficient support for foster parents. Child welfare agencies do not provide enough services to foster parents to prevent disruptions.
- There are an inadequate number of foster homes, forcing child welfare agencies to make placement decisions based on what is available rather than on what is appropriate for the child. The result can be poor matches between child needs and caregiver strengths.
- Use of emergency shelters and temporary placements as initial placements and after a disruption occurs. Using them drives up the numbers of moves children must make.
- There is a scarcity of appropriate specialized placement options for children with developmental disabilities or behavioral problems. This leads to inappropriate placements and subsequent moves.²⁶

Regarding the use of emergency homes, Harnett et. al. found that “the large number of foster parents (40%) who reported that *one of the reasons* for the move was that the placement was an emergency placement only, and the large percentage of true emergency placements₂₁ (32%) that lasted longer than 90 days, point to the possibility that emergency homes are being used in an unplanned manner to accommodate crises that arise, rather than being part of a planned system to use short-term emergency placements to facilitate matching a child with an appropriate home.”²⁷

²⁵ Schofield, G. (January 2003). Stability in Foster Care, presentation made at the Royal Academy of Engineering, Westminster, England, located online 8/27/07 at www.dfes.gov.uk/choiceprotects/pdfs/stabilityseminar.pdf

²⁶ John McMahon (November 2005). Foster Care Placement Disruption in North Carolina, *Fostering Perspectives, Views on Foster Care and Adoption in North Carolina*. Vol. 10, No. 1., located online 8/27/07 at http://www.fosteringperspectives.org/fp_v10n1/disruption.htm

²⁷ Child Welfare League of America National Working Group, National Data Analysis System (April 2002). Placement Stability Measure and Diverse Out-of-Home Care Populations, located on-line 8/27/07 at http://web.mit.edu/tdqm/www/news/NWG_PlcmtChanges.pdf

Lutz reported on innovative programs initiated by several states that address the problem of placement stability.²⁸ For instance, Connecticut implemented a “Safe Home” assessment program that provides a 45-day initial placement resource for children ages 3-12. The goal of the program is to ensure that if the child has to stay in a placement longer than 45 days, the placement will be stable, serve as the permanent home if reunification is not possible, and minimize the number of moves for the child. Also, when it looks like a placement will disrupt, the child welfare department calls a disruption conference to discuss the child’s need for individual treatment or other support. Conferences occur within 3-5 days of notification of possible disruption.

South Dakota has addressed the need for increased stability for children in foster care by addressing the quality of the relationship between the agency and its caregivers. That state found that part of the poor retention of foster families was attributed to the lack of meaningful and ongoing dialogue between the agency and foster families. A monthly reporting form was instituted that requests more substantive information from foster families. This information addresses both child well being and foster family stressors and provides opportunities for foster families to share their perceptions on the stability of the placement. Staff use this form to identify situations where stability is threatened and address the issue within 24 hours of receipt of the form.

Mississippi implemented specialized agreements with therapeutic foster care homes and therapeutic group homes that have resulted in monthly meetings where staff and the caregivers discuss every child that has had a previous placement disruption. Their system includes a system to “triage” cases of possible placement disruption before a change of placement actually takes place.

In order to decrease the number of placement disruptions, Vermont has focused its efforts on children ages 6-11 with “behavioral issues.” That state changed their MIS system to capture more adequately the exact nature of the behavioral issue and adjusted staffing patterns to offer more support to field staff.

Georgia initiated a “First Placement/Best Placement” program. Based on a more stringent assessment, “wrap around” services are made available to the child and are provided in an attempt to either support reunification or prevent placement disruption. Georgia focuses on adolescents and has set strict guidelines regarding the time it takes to contact a child and/or caregiver when a possible placement disruption is reported.

Colorado has implemented an “Expedited Permanency Planning” program for concurrent planning. This program ensures early assessment, accelerated hearings, firm time lines for permanency decision-making, case planning that includes early and intensive service provision to caretakers, and assures regular case review and visits by caseworkers.

²⁸ Lorrie Lutz (November 2003). Achieving Permanency for Children: Pioneering Possibilities Amidst Daunting Challenges, The National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, located online 9/5/07 at <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/achieving-permanence.pdf>

Arizona has chosen to focus on respite care that offers temporary relief, reduces stress, supports family stability, and prevents abuse and neglect. The 15 agencies that offer respite care in Arizona came together and formed the “Community Respite Care Network,” a group that includes state agencies, community providers, and state and local organizations committed to the provision of respite care. As a result, they have identified more families willing to provide respite care to caregivers, some providing services with little or no financial remuneration.

Finally, California provides community-based family support services through their “Kinship Support Services Program.” This program allocates funds to provide support groups; respite care; information and referral; recreation mentoring/tutoring; provision of furniture, clothing and food; transportation; legal assistance; and other support services.

Harnett et. al. have suggested that, in order to decrease the rate of placement disruption, agencies need to:

- Ensure systematic collection and analysis of clinical data.
- Conduct comprehensive evaluation of children’s needs. Use predictive models to identify children who are at risk of experiencing unstable care, so needs can be identified early and appropriate plans can be made to minimize placement instability.
- Identify and implement service technologies that directly meet diagnosed needs. Individualize service planning and implement plans that are tailored to the placement.
- Enhance care provision.
- Routinely evaluate the status of high-need children, the services they are receiving, and the services they need.
- Rethink and revitalize the ways in which foster parents are recruited and screened.
- Support the capacity of caregivers.
- Ensure that point of service agencies are performing well in achieving stability.²⁹

The National Resource Center for Foster Care and Permanency Planning suggest that foster care placements are more stable when:

- Children are placed with kin.
- Children, parents, and foster parents receive more services.
- Children and parents are involved in case planning.
- Workers have more frequent contact with birth parents.³⁰

Finally, Schofield suggested the following foster parent qualities also influence placement stability:

- Sensitivity towards the child.
- Accepting the child for who he or she is.
- Responding to the emotional age of the child.
- Sensitive and proactive parenting around birth family issues and contact.

²⁹ Mary Ann Hartnett, Lydia Falconnier, Sonya Leathers, Mark Testa. Placement Stability Study, Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign, located on-line 8/30/07 at <http://cfrcwww.social.uiuc.edu/pubs/Pdf.files/placestab.pdf>

³⁰ National Resource Center for Foster Care and Permanency Planning. (2004, Sep.) Findings from the initial Child and Family Service Reviews 2001 - 2004. Located online 8/27/07 at www.hunter.cuny.edu/socwork/nrcfcpp.

- Active parenting regarding education, activities, life skills.
- Boundaries: firm supervision yet promoting autonomy.
- Enjoying a challenge.

Goal	Baseline	Process Measure	Date Due
Increase the percentage of children in foster care who experience two or fewer placements while in foster care for: 1. Less than 12 months 2. 12-24 months 3. More than 24 months	1. Less than 12 months - 76.9% 2. 12 to 24 months - 46.2% 3. More than 24 months - 15.2%	Increase percentage of children in foster care with two or fewer placements for each length of stay period.	Quarterly
Work Activities			
1. With regions, evaluate regional plans for placement stability and modify as needed.		Regional plans with modifications	Sep 2009 & ongoing
2. Provide information and technical assistance to regional staff on placement stability.		-Child welfare update -Documentation of regional contacts	July 2008 Ongoing
3. Assess policies and explore resources for foster parent support (such as respite care, resource family consultants, crisis response, compensation rates).		-Completed reports. -As approved for implementation, practice guidelines and/or organizational changes implemented.	Ongoing, Quarterly progress reports
4. Develop funding plan for increased support for foster care providers to present to Department administration and the legislature.		Funding plan complete	June 2009
5. Evaluate use of shelters for children removed from home and explore alternative options for initial placement.		Written report	June 2008
6. Continue to coordinate with the Utah Foster Care Foundation and the Office of Licensing to increase recruitment and licensing of potential foster families, provide support, and train in division practices and need for flexibility in accepting diverse children.		Reports of recruitment levels reported at State and regional meetings with UFCF and OL	Quarterly

Process

Responsibility: Linda Wininger, Practice Improvement Team, and Tanya Albornoz, Out of Home Program Manager, share lead responsibility for the Placement Stability for Children in Foster Care priority. They have been assigned primary responsibility to direct the work of the project. They will utilize multiple methods to complete objectives, such as workgroups, focus groups, surveys, and data analysis. For example, workgroups are already in place to address foster parent support through respite and to evaluate the use of shelters. The co-chairs may team with administrative and regional staff, as well as partners in completing objectives.

The DCFS administrative team, responsible for approval of all plans and activities involving the division, has overall responsibility for completion of the priority. They will receive periodic reports from the co-chairs during monthly administrative team meetings and will make decisions regarding recommendations.

Evaluation

The Data Unit will report quarterly on Division and Region performance of placement stability measures to see if the trend is improving. In addition, the co-chairs and any workgroups will report completion of specific objectives.

Budget Requirements

This project has no specific budgetary allocation. As the work plan for each objective is developed, existing resources will be utilized or specific resource needs will be identified and funding pursued through Federal grants or State general funds.

Focus Area #3: SUBSTANCE ABUSE - WORKER KNOWLEDGE, STRATEGIES, RESOURCES

Statement of Need

In Utah, as in other states, substance abuse and child maltreatment are powerfully connected. Substance abuse increases the risk for child abuse and removal of children from home. Children need consistent care, supervision and guidance. Unfortunately, adults who are addicted to substances, either licit or illicit, are often unable to provide adequate parenting.

Table 1-Prevalence of Substance Abuse as a Contributing Factor in Families and Children Receiving Services

All Supported Child Abuse and Neglect Cases		State Total	
All Cases	8004		
All Cases with Substance Abuse	2307		29%
All Cases with Drug Abuse	1635		20%
All Cases with Methamphetamine Abuse	847		11%
Children Removed from Primary Caretaker (includes CPS and Foster Care)		State Total	
All Cases	2108		
All Cases with Substance Abuse	1263		60%
All Cases with Drug Abuse	1120		53%
All Cases with Methamphetamine Abuse	594		28%

Literature Review

Harrison indicated, “If children are raised in a family with a history of addiction to alcohol or other drugs, the risk of their having alcohol and other drug problems themselves increases.”³¹ This and other studies^{32,33,34,35} indicate the need for accessible, family-focused, and integrated substance abuse related support services that promote children’s health and well-being, help children build skills, and increase adolescent awareness of the dangers of substance abuse.

³¹ Harrison, R. Steven (October 1997). Drug and Alcohol Use Among Juvenile Probationers in Utah, University of Utah, located on 5/21/07 from <http://www.utcourts.gov/resources/reports/drugal97/execsum.htm>

³² VanDeMark NR, Russell LA, O’Keefe M, Finkelstein N, Noerher CD, Gampel JC (2005). Children of Mothers with Histories of Substance Abuse, Mental Illness and Trauma, *Journal of Community Psychology* 33(4): 445-459

³³ Finkelstein N, Rechberger E, Russell LA, VanDeMark NR, Noether CD, O’Keefe M et al. (2005). Building Resilience in Children of Mothers who have Co-occurring Disorders and Histories of Violence: Intervention Model and Implementation Issues, *Journal of Behavioral Health Services & Research*, 32(2): 141-154

³⁴ Gance-Cleveland B (2004). Qualitative Evaluation of a School-based Support Group for Adolescents with an Addicted Parent, *Nursing Research*, 53(6): 379-386

³⁵ Statham J (2004). Effective Services to Support Children in Special Circumstances, *Child: Care, Health and Development*, 30(6): 589-598

In 2001, SAMHSA estimated that approximately six million children under age 18 were living with at least one parent who abused or was dependent on alcohol or drugs.³⁶ That report indicated that nine percent of those children lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year. Of these six million children, more than four million lived with parents who abused or were dependent on alcohol; almost one million lived with a parent who abused or was dependent on an illicit drug; and more than one-half million had a parent who abused or was dependent on both alcohol and an illicit drug. The report also found that 10% percent of children age five or younger, 8% of children age 6 to 11, and more than 9% of youth age 12 to 17 lived with at least one parent who abused or was dependent on alcohol or drugs.

Chart 1-Number of Adults in Utah Who Need Treatment Compared to the Current Public Treatment Capacity (by DSAMH LSAA)

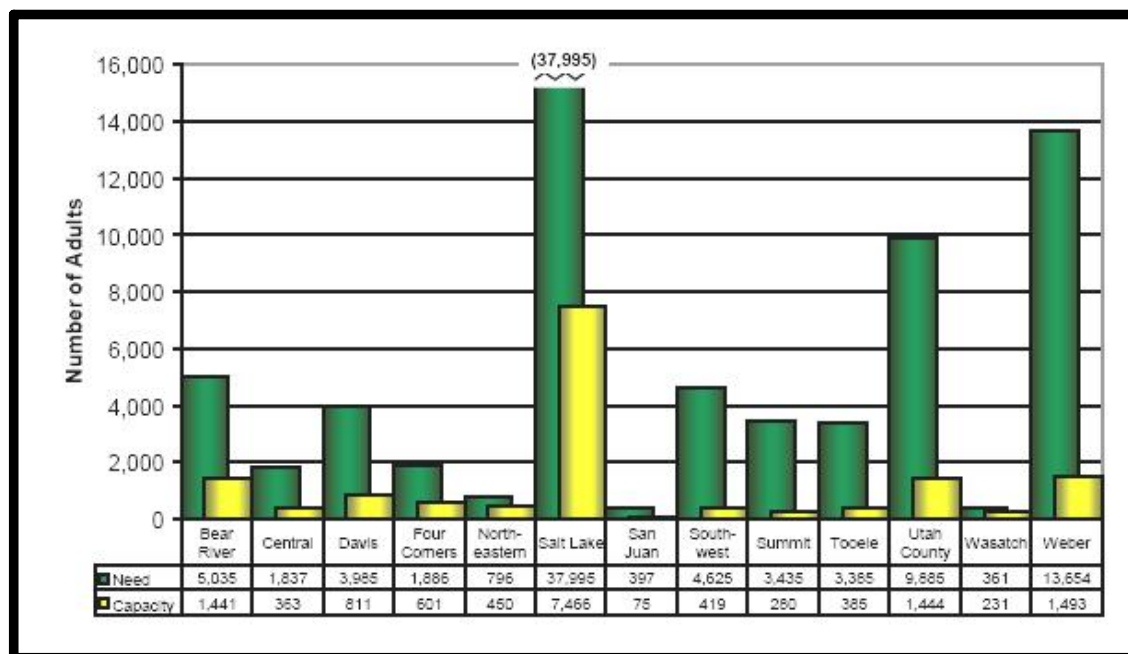


Chart 1 shows that throughout Utah the need for treatment for substance abuse far outstrips availability. Fewer than 13% of those needing treatment are able to access it. In all, a combined total of approximately 81,446 adults and youth are in need of, but not receiving, substance abuse treatment services.

43.2% of adult clients receiving services from Utah's Division of Substance Abuse and Mental Health (DSAMH) have dependent children. The average number of dependent children per household is 2.19. Consistent with conclusions in the "Blending Perspectives and Building Common Ground" report to Congress that indicates "approximately two-thirds of foster care

³⁶ Substance Abuse and Mental Health Services Administration (2002). Results from the 2001 National Household Survey on Drug Abuse: Volume I, Summary of National Findings (Office of Applied Studies, NHSDA Series H-17, DHHS Publication No. SMA 02-3758), Rockville, MD.

cases reviewed in urban counties in two States involved parental substance abuse,³⁷ substance abuse was involved in 60% of Utah's cases where children were removed from the home of the primary caretaker (including both Child Protective Service and Foster Care cases). Of women entering care for treatment of abuse of any substance, three-quarters are mothers. Also, substance abuse was a factor in the placement of 1111 children in foster care, more than 73% under the age of 10.

In reaction to the growing methamphetamine "epidemic" and in part because of its effect on children and families, Governor Jon Huntsman, Jr. created the Utah Methamphetamine Joint Task Force comprised of high-ranking members of the Utah legislature, corrections, school districts, Attorney General's Office, county government, and treatment and other non-profit programs throughout the state.

Goal #1	Baseline	Process Measure	Date Due
Strengthen relationship with State and local substance abuse authorities.	No formal agreements	Formal relationships established	See below.
Work Activities:			
1. In collaboration with Regional DCFS and Local Substance Abuse Authority Staff, develop statewide and local Memoranda of Understanding with the Division of Substance Abuse and Mental Health and local authorities that identify cooperative working arrangements and outline responsibilities of DCFS, DSAMH, and Local Substance Abuse Authorities (LSAA).		MOU with DSAMH Each region completes at least one MOU with a local substance abuse authority	June 2008 Dec 2008
2. Cooperate in development of legislation or policies allowing for statewide collection, distribution, and analysis of data for mutual clients between child welfare, domestic violence, and substance abuse to help increase statewide coordination between the state, counties and communities.		Concern raised in meetings with department administration or legislature	Ongoing
3. Identify and coordinate with other organizations conducting substance abuse in Utah to avoid duplication of efforts and to better collaborate to address issues and needs.		Documentation of collaborative activities	Ongoing

³⁷ Blending Perspectives and Building Common Ground, A Report to Congress on Substance Abuse and Child Protection (April 1999). Department of Health and Human Services Administration for Children and Families, Substance Abuse and Mental Health Services Administration, Office of the Assistant Secretary for Planning and Evaluation, located on-line 5/15/07 at <http://aspe.hhs.gov/hsp/subabuse99/subabuse.htm>

4. Participate in the Governor's Cabinet Council and support council efforts to promote substance abuse prevention and treatment, particularly pertaining to children and families.		Governor's Cabinet Council Minutes	Quarterly
Goal #2	Baseline	Process Measure	Date Due
Increase caseworker and supervisor knowledge of (1) effective strategies to work with families when substance abuse is a factor, and (2) availability of and access to treatment resources in the community.	No baseline is available	New feedback measures from workers	June 2009
Work Activities:			
1. Implement follow-up activities for substance abuse training for DCFS staff.		Curriculum, training records, and evaluation	Ongoing with quarterly reports
2. In conjunction with Local Substance Abuse Authorities and other community partners, participate in local substance abuse resource discussions and training on clinical treatment and interventions effective in protecting the permanency, safety, and wellbeing of children of substance abusers.		Joint resource discussions or training held at least annually	Annually by June 30
3. Analyze use of Promoting Safe and Stable Families Time Limited Reunification grant funds. As appropriate, make recommendations and assist in implementing improvements in DCFS region practices to better address substance abuse and other allowable treatment needs.		Report completed. New 5-yr Child and Family Services Plan.	Dec 2008 June 2009
4. Explore child welfare-specific resources as they become available for addressing substance abuse and child welfare needs.		Record of grant search and grant application, if available	Ongoing

Process

Responsibility: Charri Brummer, Deputy Director; David Florence and Liz Kuhlman, Revenue Team; and Mary-Catherine Jones, Professional Development Team, will initially share lead responsibility for the Substance Abuse Priority. If a Substance Abuse Program Administer position is created at the State Office, as is currently being explored, this individual will take lead for the project, with others as a support team. These individuals have been assigned primary

responsibility to direct the work of the priority. They may team with administrative and regional staff, as well as partners, in completing objectives.

The DCFS administrative team, responsible for approval of all plans and activities involving the division, has overall responsibility for completion of the priority. They will receive periodic reports from the co-chairs during monthly administrative team meetings and will make decisions regarding recommendations. The core workgroup will identify specific measures to evaluate accomplishment of each of the objectives.

Evaluation

The co-chairs will document completion of identified measures for each objective and may explore additional relevant measures. This workgroup will coordinate with the Data and Research, Finance, and the SAFE Teams to identify ways to capture and report data and will report on results as they compare to measures of success.

Budget Requirements

This project has no specific budgetary allocation for implementation of work plans to complete objectives, but will evaluate the effectiveness of the Promoting Safe and Stable Families Time Limited Reunification Funds, and may recommend revisions in use of and/or distribution of those funds for program implementation. The project may also identify existing resources to support implementation of applicable objectives or specific funding requests to be pursued through Federal grants or State general funds.